

Application Form

ASEE-USRA NASA/University Faculty Fellowship Program

Application Deadline: February 15, 2002

Name _____
(Last) (First) (Middle)

Present Position _____ Department _____

Institution Name _____ Institution Year: **2** or **4**

Mailing Address _____

City _____ State _____ Zip _____

Office Phone _____ Fax _____ E-mail _____

Home Address _____ Home Phone _____

City _____ State _____ Zip _____

SSN* _____ - _____ - _____ Date of Birth ____/____/____ Place of Birth _____

Citizenship _____ INS# (if Naturalized) _____
(must include, only US Citizens are eligible)

*Requested in order to expedite any security clearance that may be required

Highest Academic Degree/Field _____

School & Year _____

If you do not hold a doctorate, are you working toward that degree? _____ Date Expected _____

Institution and Department _____

Field of Present Research, Activity/Special Knowledge _____

If present research activity is supported, give sponsors: _____

List in order of preference (and/or your qualifications) the research center and field of work in which you would like to be placed if awarded an appointment. Applicants who wish to be considered by multiple research centers should submit a copy of the application and materials for every center they wish to apply.

(1) Research Center _____ Research Interest _____

(2) Research Center _____ Research Interest _____

Have you previously participated in ASEE-Sponsored Summer Faculty Programs? NO YES

If yes, where? _____ When? _____

Will you be conducting any other work for compensation during the period of your employment? NO YES
If yes, please explain on a separate sheet of paper.

Applicants should be aware that stipend payments from other federal funding sources including research grants and contracts may not be accepted during the ten-week tenure of a summer faculty appointment.

Special Note:

To determine the degree to which members of the diverse segments of the population are reached by this announcement, ASEE requests that you please circle the appropriate selection(s) below:

Gender: MALE FEMALE

Disabled: NO YES

Underrepresented
Minority: NO YES (if yes, please circle one choice below)

AFRICAN AMERICAN HISPANIC NATIVE AMERICAN ASIAN PACIFIC ISLANDER

In accordance with Federal statutes and regulations and NASA policies, no person on the grounds of race, color, age, sex, national origin, or disability shall be excluded from participation in, denied the benefits of, or be subject to discrimination under, any program or activity receiving financial assistance from NASA.

How did you learn about the program?

_____ Received Announcement in Mail

_____ Participated Previously

_____ Read about it in a Professional Publication

_____ Heard about it from a colleague

_____ Other (please specify): _____

Professional References and Recommendation Letters:

Please provide the name, address, and telephone number of your present Department Head or Dean and one other professional reference.

(1) Department Head or Dean

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

(2) Other Professional Reference

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

*Include with your application **two** letters of recommendation from the individuals listed above. Please include additional copies of the letters for each NASA Research Center in which you wish to apply.*

Curriculum Vitae

On a separate sheet please give the following supplementary information. Be as precise and complete as possible in describing your research experience in order to enable reviewers to match your experience with the laboratories' current projects. (A standard curriculum vitae, supplemented if necessary to cover all items listed below, is acceptable provided that refereed articles are listed separately from lesser publications.)

1. Colleges attended, with dates of attendance and degrees received, field, and titles of theses and dissertations.
2. Chronology of professional employment and significant academic and professional activities.
3. List of publications. List referred journal articles separately from reports, abstracts, paper in conference proceedings, etc.
4. Research experience.
5. Courses taught.
6. List of current contract or grant activities. Please include title, funding source, funds per year, principal investigator, and the percentage of time charged to the contract or grant in the last year.

Send completed application in duplicate* to:

ASEE
NASA/University Faculty Fellowship Program
1818 N Street, N.W., Suite 600
Washington, DC 20036-2476

Direct Inquiries To:

Phone: (202) 331-3509
Fax: (202) 265-8504
Email: j.stevens@asee.org
Web: <http://www.asee.org/nffp>

I have reviewed and understand the following statements:

- ☐ Applicants to the NASA/University Faculty Fellowship Program must be citizens of the United States.
- ☐ Participants in this program are expected to conduct research at a NASA laboratory, not at their home institution or any other site.
- ☐ Individuals may apply to more than one summer faculty program (NAVY, NASA, DOE, AIR FORCE), but may accept only one appointment per summer.
- ☐ Applicants are required to submit at least two complete copies of their application*.

SIGNATURE OF APPLICANT _____ DATE _____

PRINTED NAME OF APPLICANT _____

Deadline for receipt of Faculty Fellowship Application and all supporting materials: February 15, 2002

Offers of appointment will be made during March 2002, and appointment letters will be sent by April 2002.

***Note:** Applicants must submit to ASEE one copy of their application and all supporting documentation *PLUS* an additional copy of their application and all supporting material for each NASA Research Center in which they wish to be considered.

LANGLEY NFFP RESEARCH INTEREST SELECTION FORM

(To accompany Langley's NFFP Application, Resume, Research Statement, and Recommendation letters)

Please Type & Return to:

Mrs. Debbie Murray
NASA Langley Research Center
Mail Stop 400-NFFP
Hampton, VA 23681-2199
Ph. (757) 864-5215 Fax: (757) 864-9701
E-mail: d.b.murray@larc.nasa.gov

Applicant's Name:
(Title, last name, first name, initial)

Applicant's Home Address:

Institutional Affiliation:
(Department or school, institution, city, & state)

For Statistical Purposes:
Indicate if a 2-year college Yes ☐ No ☐
Indicate: Undergraduate school only ☐ Undergraduate/Graduate school ☐
Indicate: Majority School ☐ HBCU ☐ HSI ☐ TCU ☐ Other ☐
If other: _____

Telephone Numbers: Office: () _____ Home: () _____

Academic Rank: ☐ Professor ☐ Assoc. Professor ☐ Asst. Professor ☐ Other _____

Congressional District: _____

If known, please indicate **primary research problem** and contact you prefer to address.
(You may refer to Langley Research Opportunities section of the Information Guide)

Competency: _____

Point of Contact if known: _____

Secondary research problem you prefer to address.

Competency: _____

Point of Contact if known: _____

Housing Information Required? Yes ☐ No ☐

Would you share an apartment with another professor? Yes ☐ No ☐

If yes, my name and number can be given out to prospective roommates. Yes ☐ No ☐

Date: _____

Signature: _____